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CONFIRMATION NO. 4150

SERIAL NUMBER 10/792,213	FILING DATE 03/03/2004 RULE	CLASS 137	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 01925-P0238A
APPLICANTS Robert L. Koelzer, Kearney, MO; ** CONTINUING DATA ***** <i>none</i> <i>SMK</i> ** FOREIGN APPLICATIONS ***** <i>none</i> <i>SMK</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/09/2004				
<div style="display: flex; justify-content: space-between;"><div>Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no</div><div>STATE OR COUNTRY MO</div></div> <div style="display: flex; justify-content: space-between;"><div>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</div><div>SHEETS DRAWING 4</div></div> <div style="display: flex; justify-content: space-between;"><div>Verified and Acknowledged Examiner's Signature _____ Initials _____</div><div>TOTAL CLAIMS 29</div></div> <div style="display: flex; justify-content: space-between;"><div></div><div>INDEPENDENT CLAIMS 3</div></div>		ADDRESS 24126 ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD , CT 06905-5619		
TITLE Pressure reducing valve				
FILING FEE RECEIVED 932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Other _____</div>	